



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: MARGARET MARY HEALTH

City of Hospital: Batesville

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Brian Daeger

Email Address: brian.daeger@mmch.org

Medicare Provider Number: 15-1329

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$28129827
Outpatient Patient Service Revenue	\$218517789
Total Gross Patient Service Revenue	\$246647616

2. Deductions From Revenue

Contractual Allowance	\$132677270
Other Deductions	\$2189079
Total Deductions	\$134866349

3. Total Operating Revenue

Net Patient Service Revenue	\$111781267
Other Operating Revenue	\$1039970
Total Operating Revenue	\$112821237

4. Operating Expenses

Salaries and Wages	\$47647284	Employee Benefits	\$15079330
Depreciation and Amortization	\$8452208	Interest Expense	\$976402
Bad Debt	\$6840856	Other Expenses	\$43606513
Total Operating Expenses	\$122602593		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-9781356	Total Assets	\$174002726
Net Non-operating Gains over Loss	\$14291019	Total Liabilities	\$47049873

Total Net Gains	\$4509663
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$79256861	\$50233626	\$29023235
Medicaid	\$4459089	\$6860498	\$-2401409
Other Government	\$30609169	\$21819820	\$8789349
Other State	\$30388110	\$24454417	\$5933693
Other Payers	\$101934387	\$31497988	\$70436399
Total	\$246647616	\$134866349	\$111781267

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$371045	\$161261	\$209784

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$91475	\$-91475

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$365977	\$-365977
Hospital Patients	\$0	\$61396	\$-61396
Community Education	\$132650	\$1619983	\$-1487333

Number of Medical Professionals Trained	581
Number of Hospital Patients Educated	1525
Number of Citizens Exposed to Health Education Messages	102766

Statement Six: Charity Statement
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Hospital Charity Charges	\$2189079
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$5254	\$780407	
HCI Payments	\$0		
Subtotal	\$5254	\$780407	\$-775153
Medicaid Shortfalls	\$2407337	\$6410042	
Subtotal	\$2412591	\$7190449	\$-4777858
DSH Payments	\$0		
Subtotal	\$2412591	\$7190449	\$-4777858
Medicare Shortfalls	\$24703912	\$28381440	
Other Government Programs	\$0	\$0	
Total	\$27116503	\$35571889	\$-8455386

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$131696	\$932231	\$-800535
Community Assessment	\$0	\$323751	\$-323751
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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